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Bib Data Sheet

CONFIRMATION NO. 7700

<b>SERIAL NUMBER</b> 10/050,492	<b>FILING DATE</b> 01/16/2002 <b>RULE</b>	<b>CLASS</b> 119	<b>GROUP ART UNIT</b> 3643	<b>ATTORNEY DOCKET NO.</b> TOM7
<b>APPLICANTS</b> Tommy J. Shane, Loganville, GA; Harvey Swain, Lawrenceville, GA;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/261,923 01/16/2001 AND CLAIMS BENEFIT OF 60/316,047 08/30/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 02/14/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>cap</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 20
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 06980				
<b>TITLE</b> Pathogen management system				
<b>FILING FEE RECEIVED</b> 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	